



A Case from CCT 2014: RCA CTO lesion which was successfully treated via reverse CART technique

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Case

Patient : 68 Male

Diagnosis : Effort angina (CCS 2)

Coronary Risk Factor : HT, DLp, DM

e GFR: 68.1

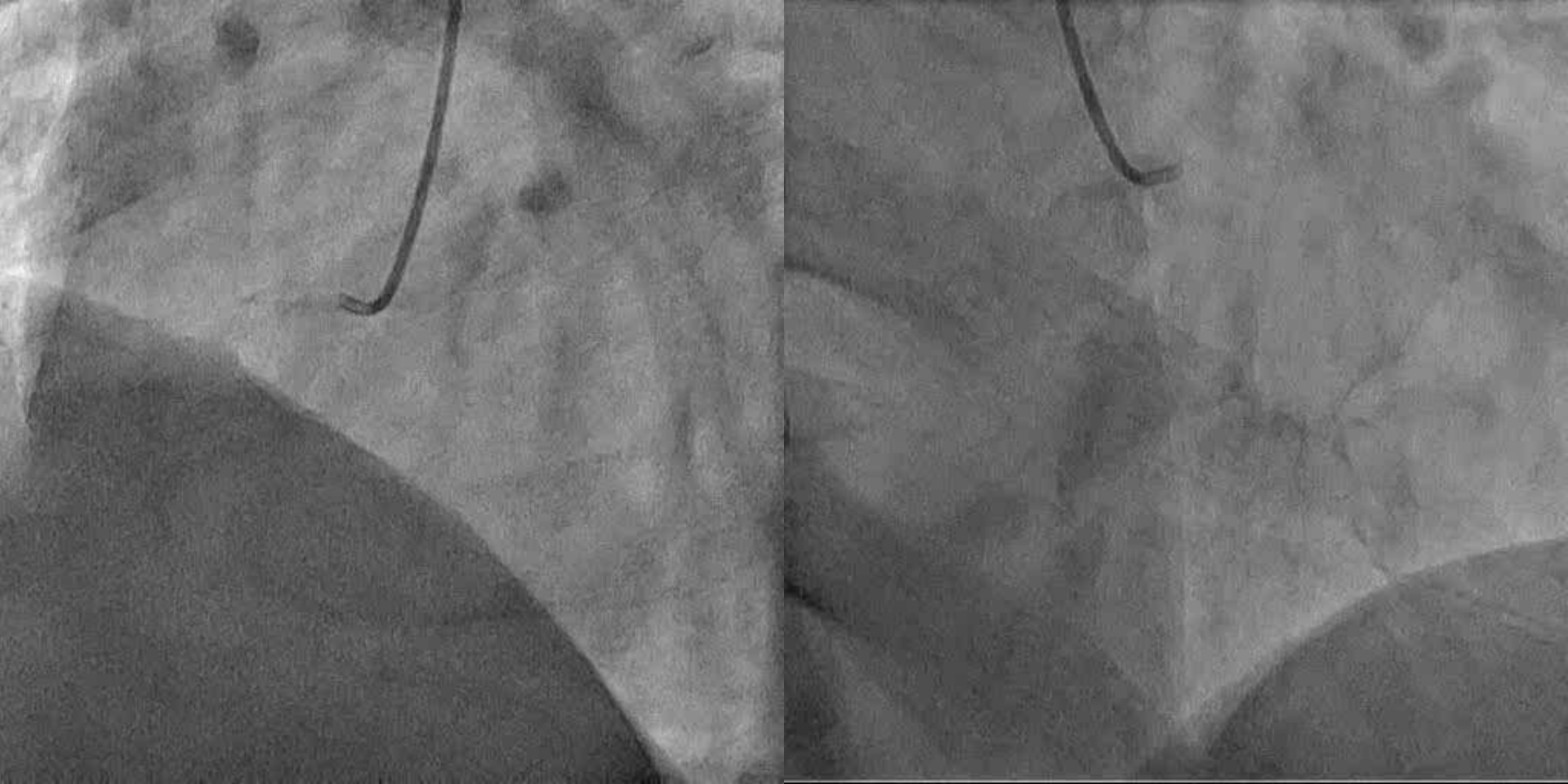
LVEF: 70% (UCG)

Present Illness : Effort angina from several years ago.

CAG: 3VD. PCI for LAD and LCX were performed. PCI for RCA CTO was attempted in April, however it was failed due to large dissection and oozing rupture at the occlusion site.

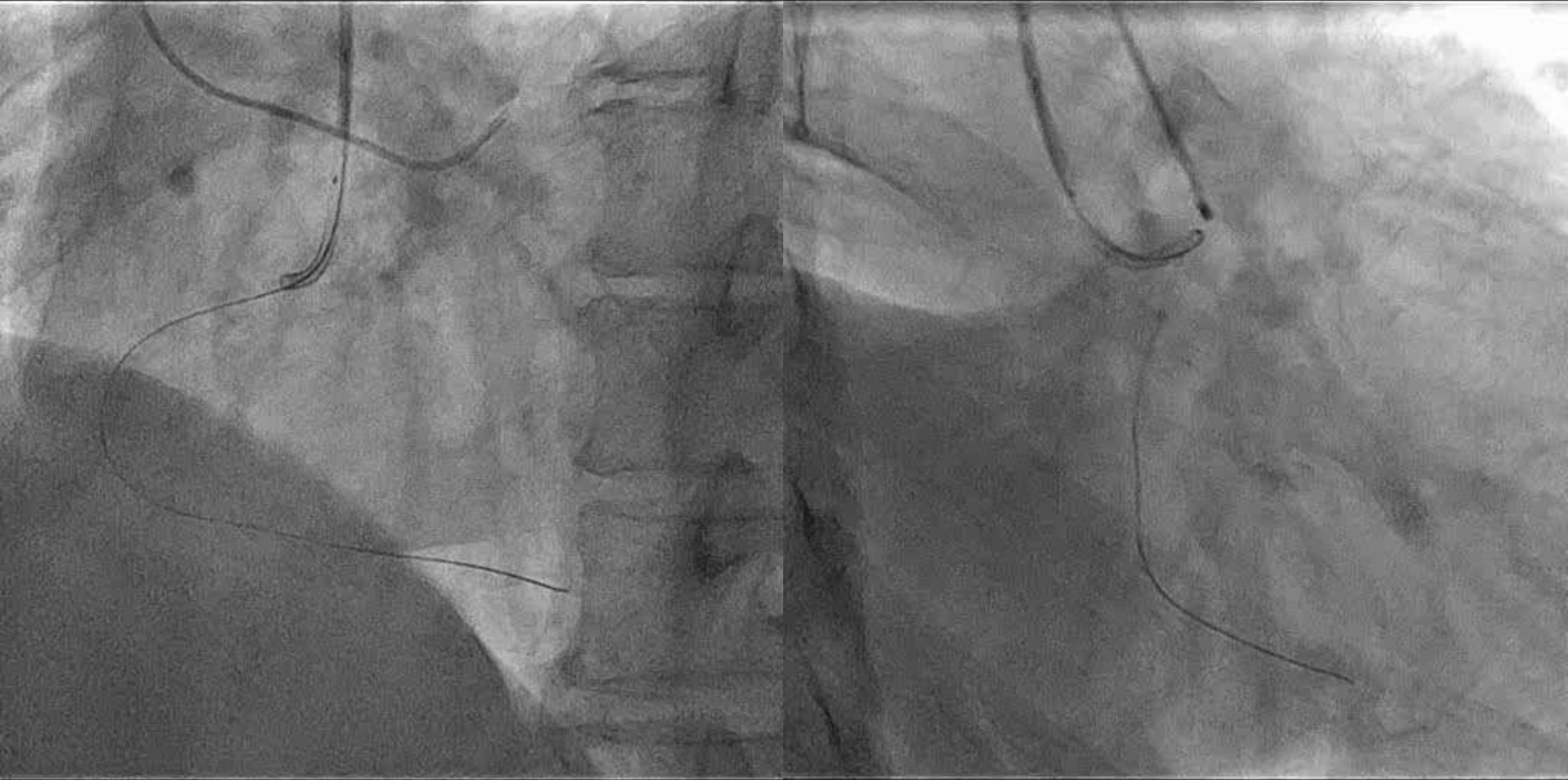


Baseline angiograms: RCA





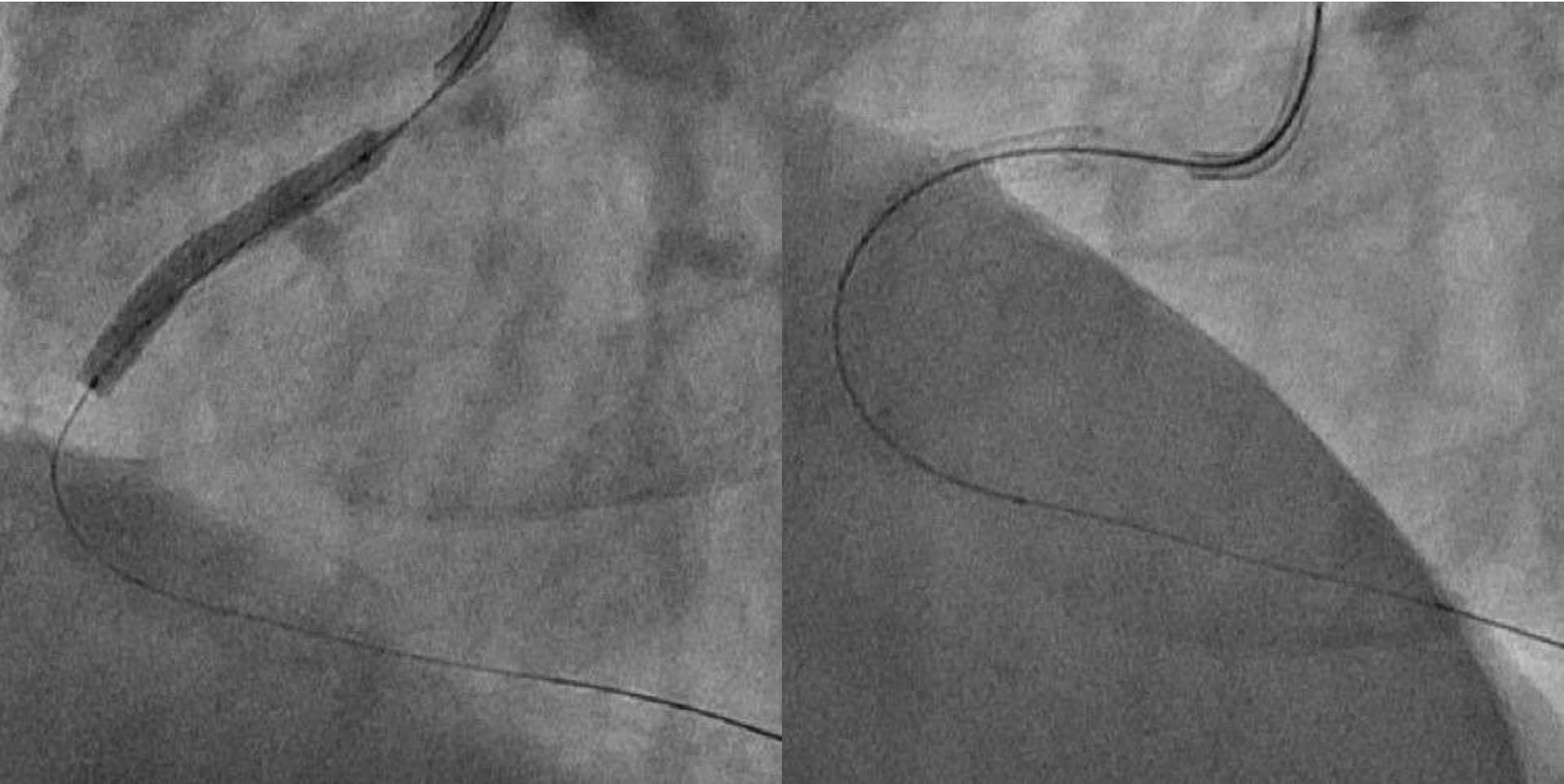
First attempt for RCA CTO



Lesion was successfully crossed using a Wizard 3, a hydrophilic polymer jacket moderate weight guide wire



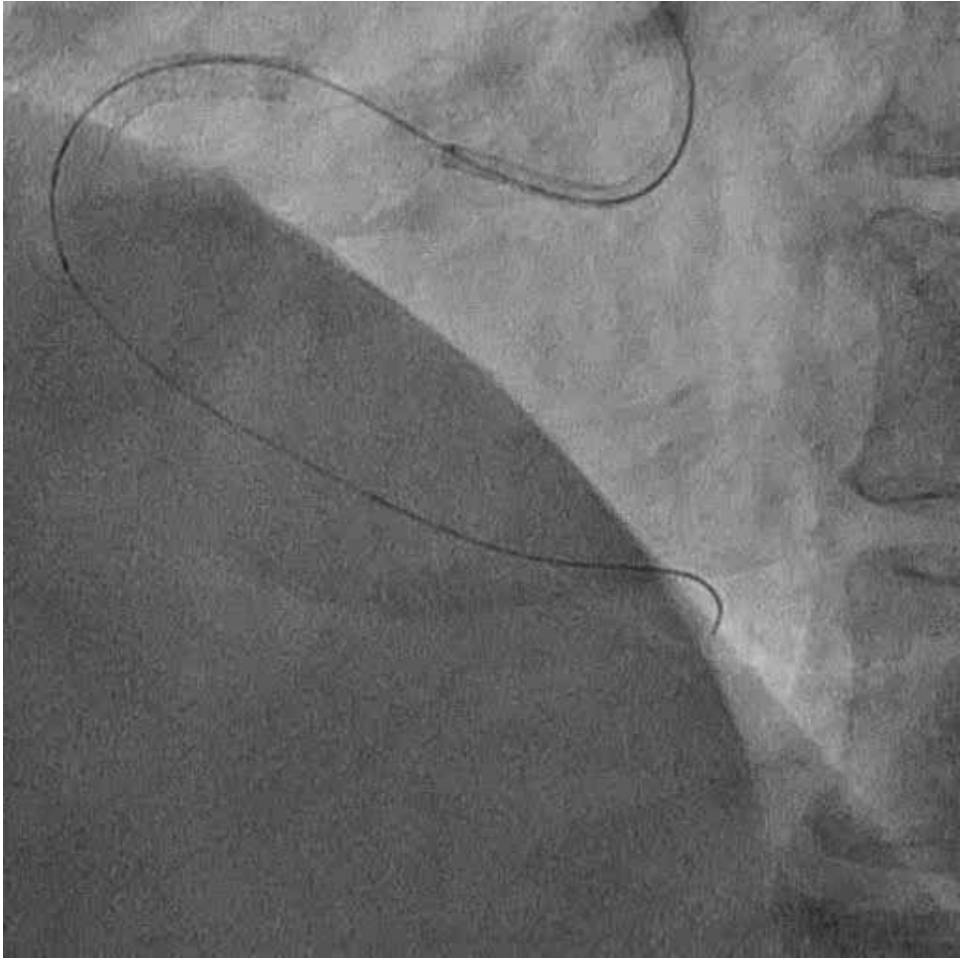
Stenting to proximal RCA



Micro catheter and balloon

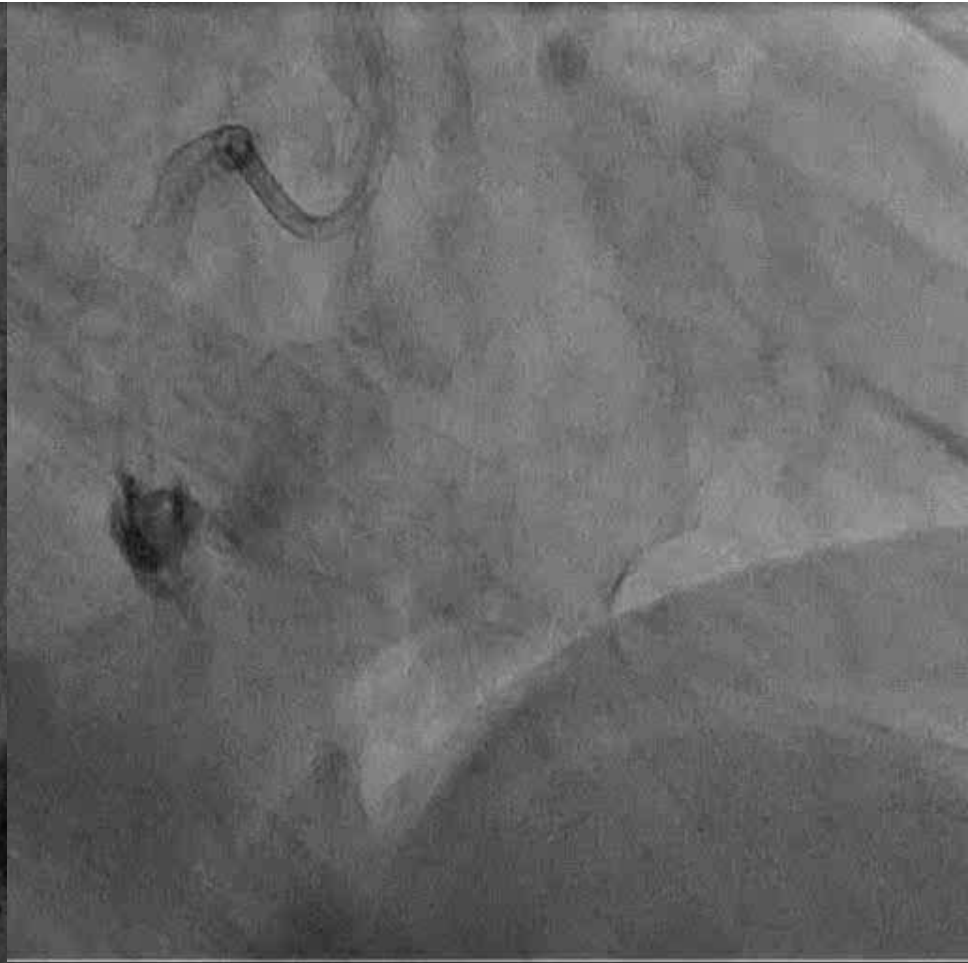


Break down the system



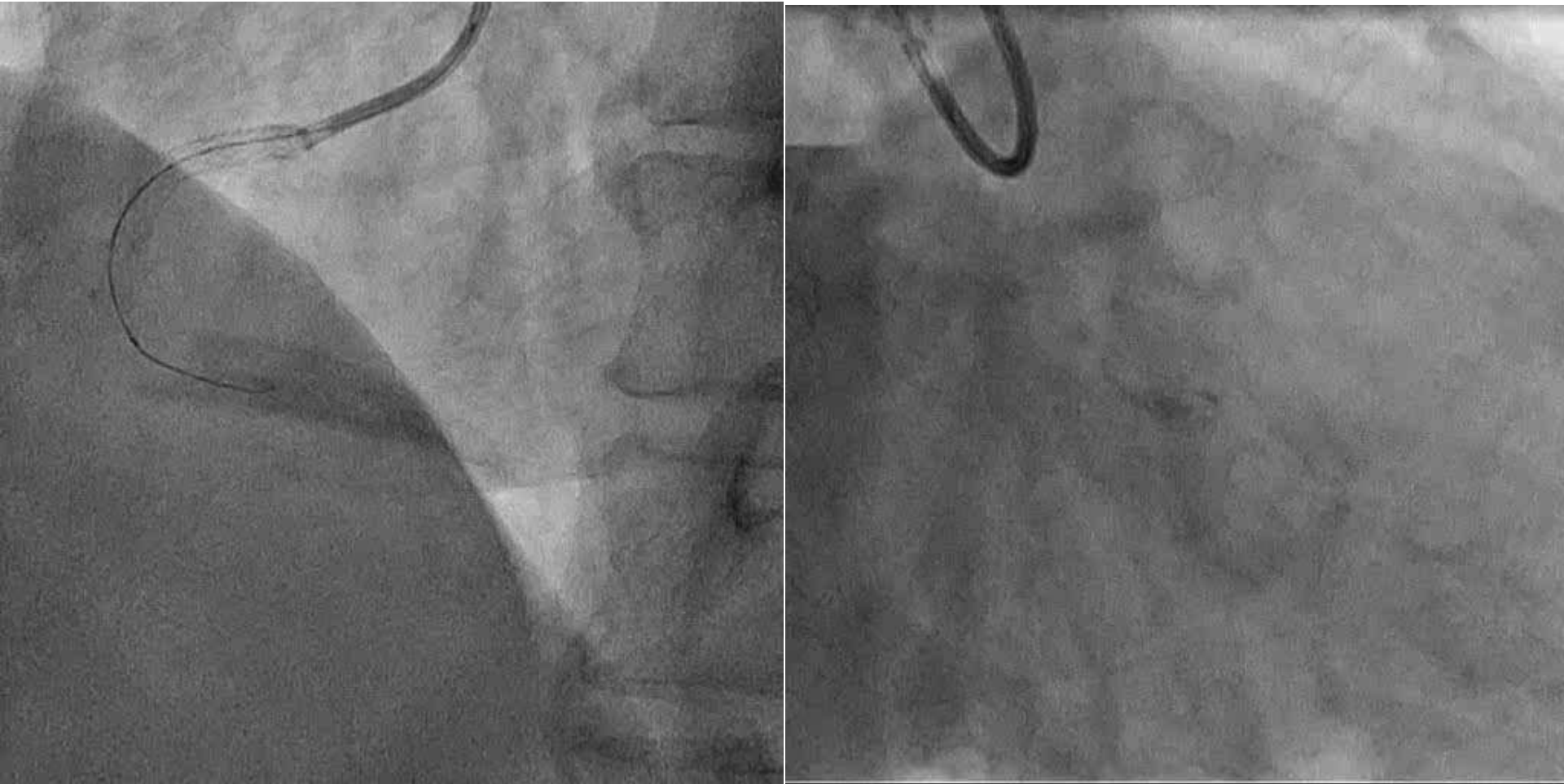


Contrast injection via micro catheter !!!





Repeat contrast injection via a guide



Worsening dissection, Procedure eventually failed.



Second attempt

Which approach is feasible?

Re-attempt via Antegradely

Primary retrograde

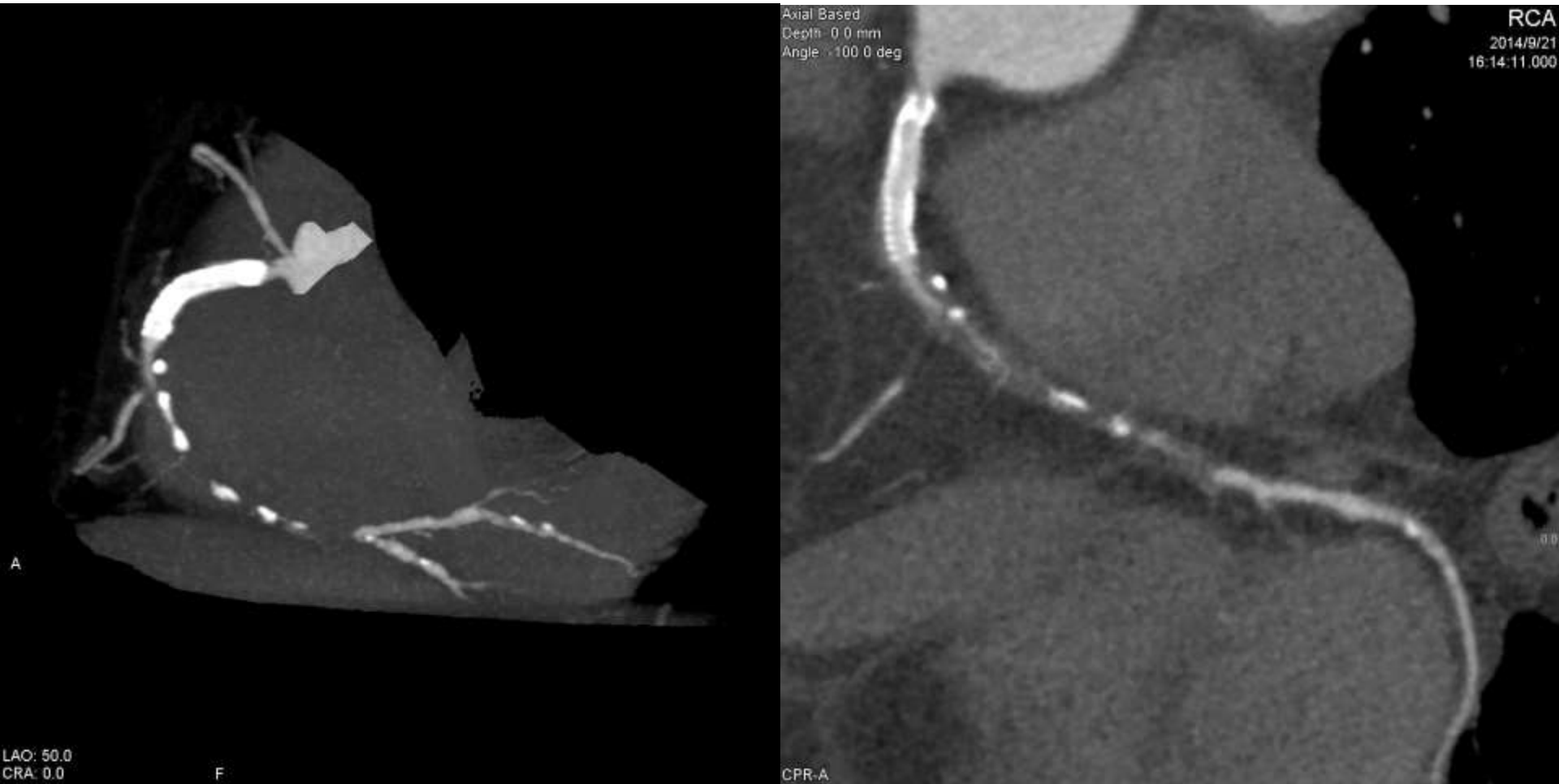
If retrograde, which channel is appropriate?

Epicardial atrial channel

Septal channel

Where is the optimal position for reverse
CART?

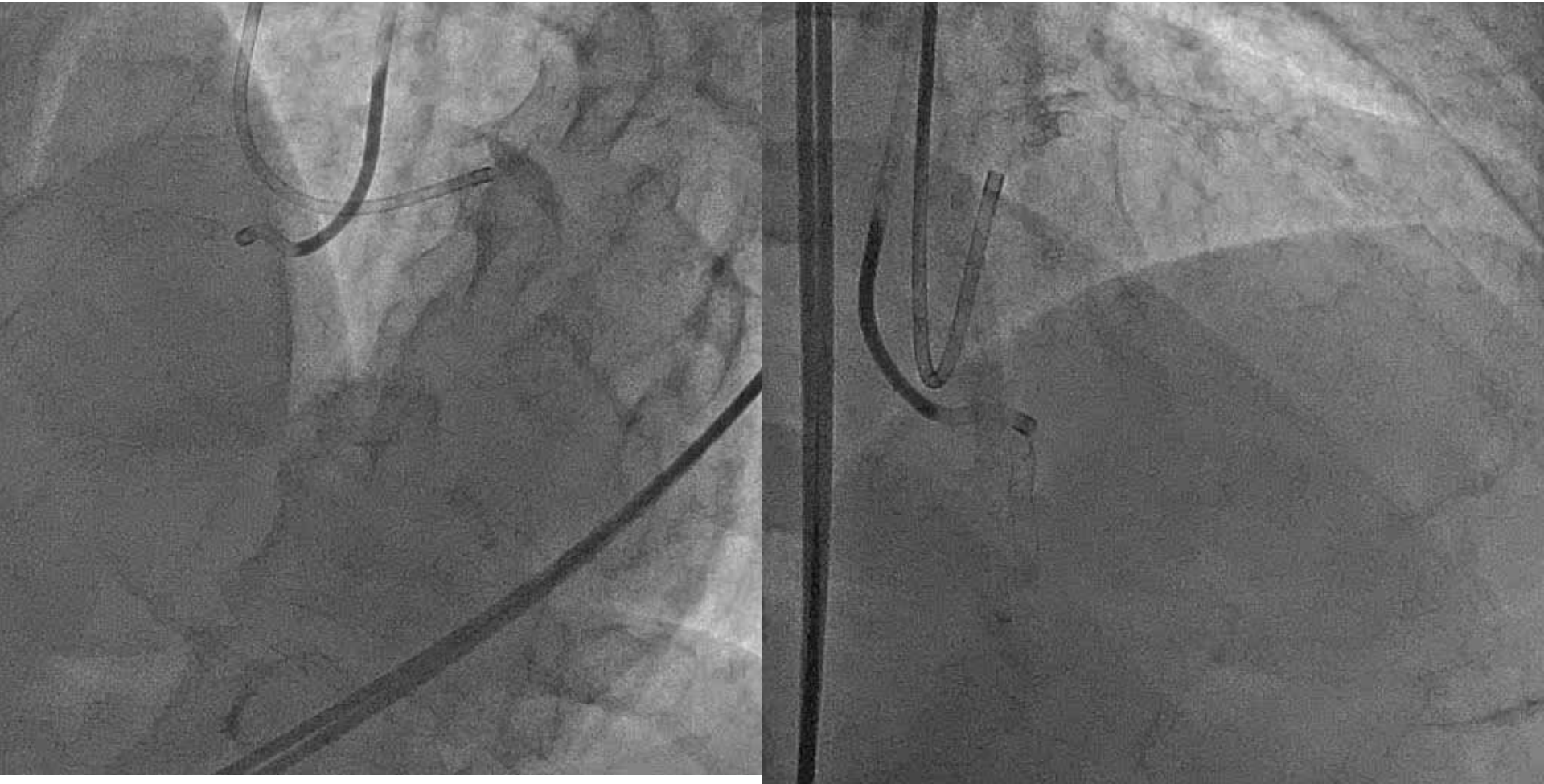
Coronary MDCT



Spot calcium. Sub epicardial hematoma?



2nd attempt for RCA CTO



Bi TFA. 8Fr. Hyperion AL1 SH. 7Fr. Hyperion SPB 3.75.

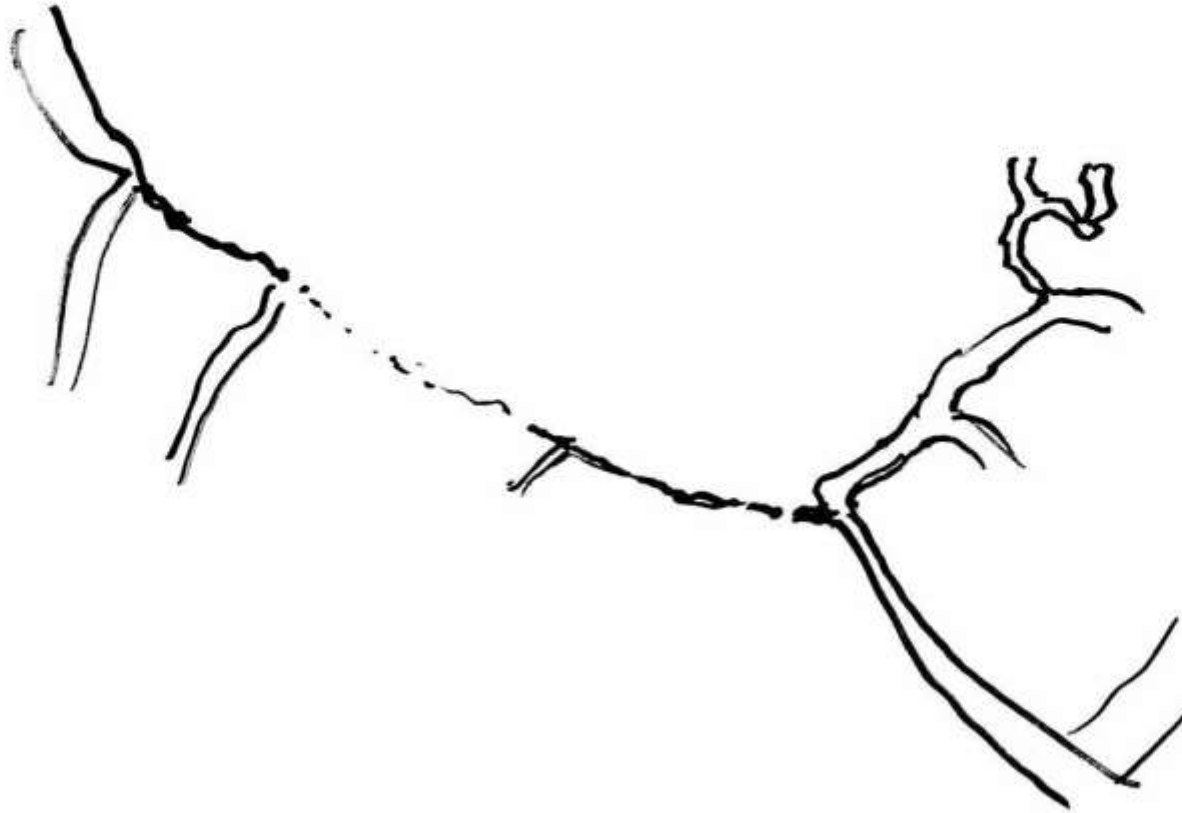


Collateral from LCA



Atrial channel to PL, Septal channel to PD, 1st septal stent jailed.

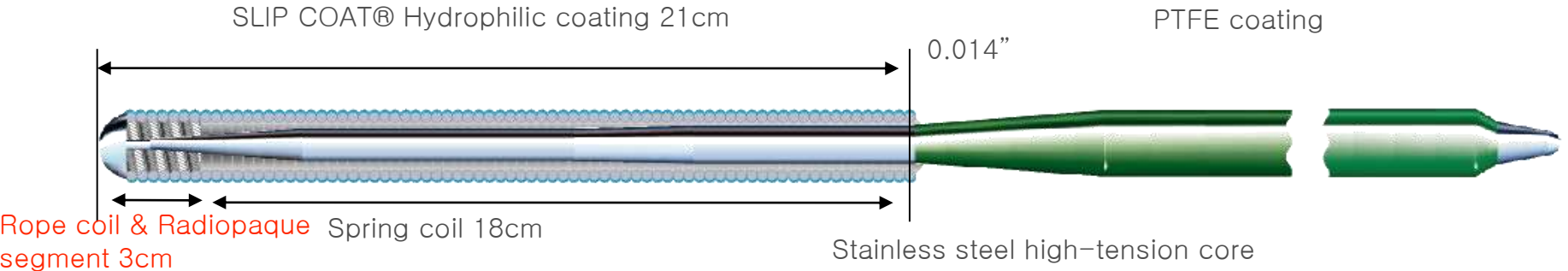
Bifurcation angle



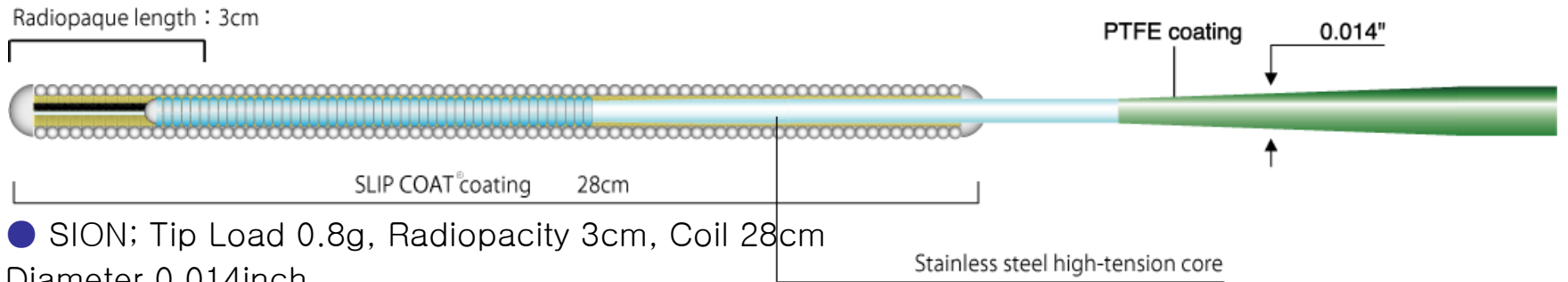
Very sharp angle between PL branch and main RCA.



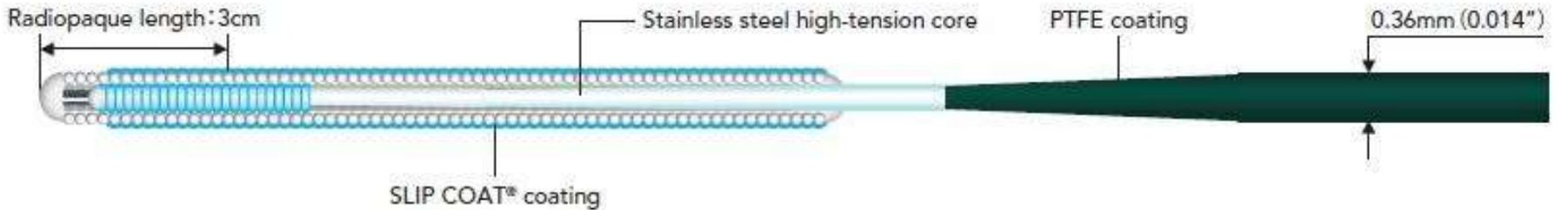
Guide wires for collateral crossing



● SUOH; Tip Load 0.5g, Coil 21cm, Diameter 0.014inch



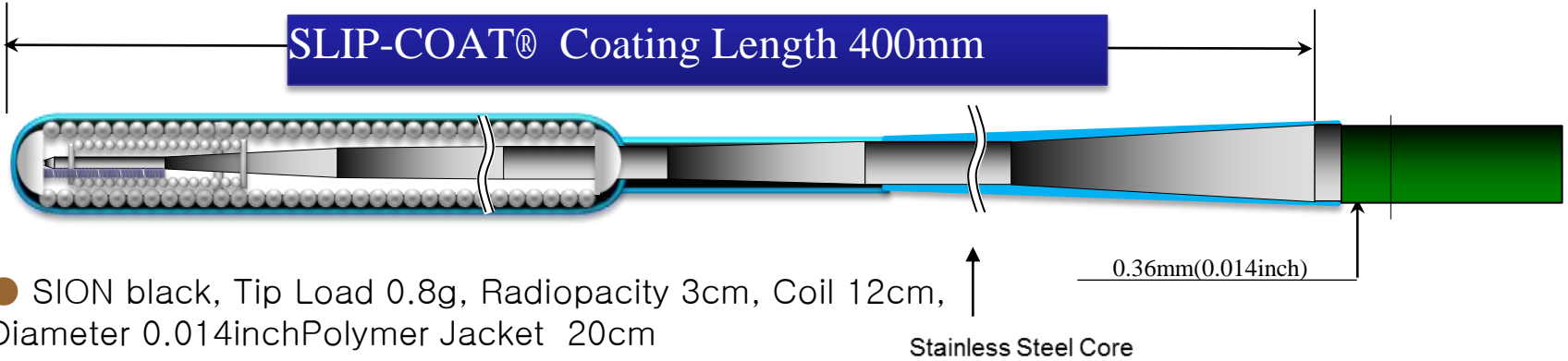
● SION; Tip Load 0.8g, Radiopacity 3cm, Coil 28cm
Diameter 0.014inch



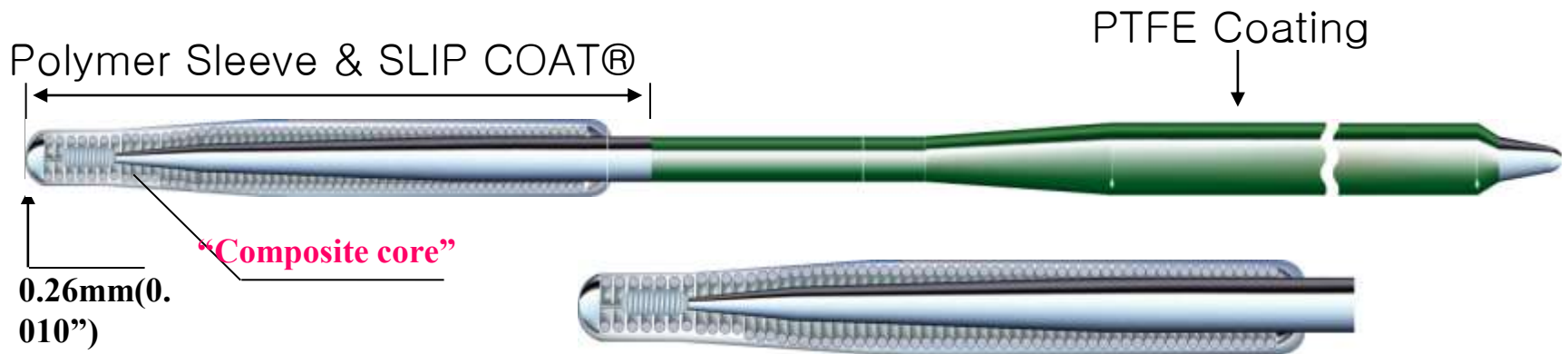
● SION blue; Tip Load 0.5g, Radiopacity 3cm, Coil 20cm
Diameter 0.014inch



Guide wires for collateral crossing



- SION black, Tip Load 0.8g, Radiopacity 3cm, Coil 12cm, Diameter 0.014inch Polymer Jacket 20cm Slip Coat 40cm



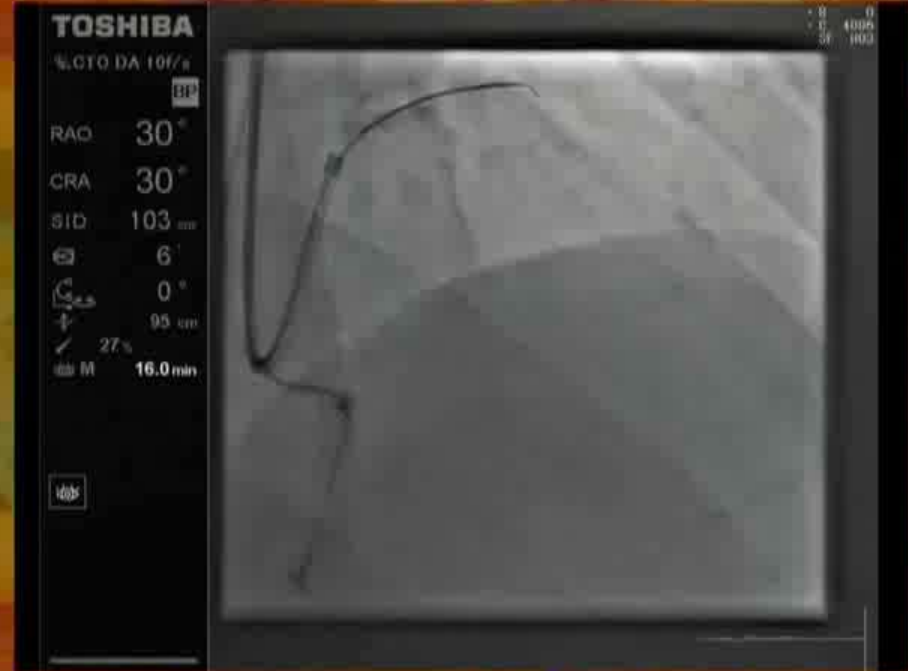
- Fielder XTR, Tip Load 0.6g, Radiopacity 16cm, Coil 16cm, Diameter 0.014inch, Tip diameter 0.010 inch Polymer Jacket

Coronary Special Focus Live Case 7



Audio Receiver Ch1: Japanese Ch2: English Ch3: Chinese

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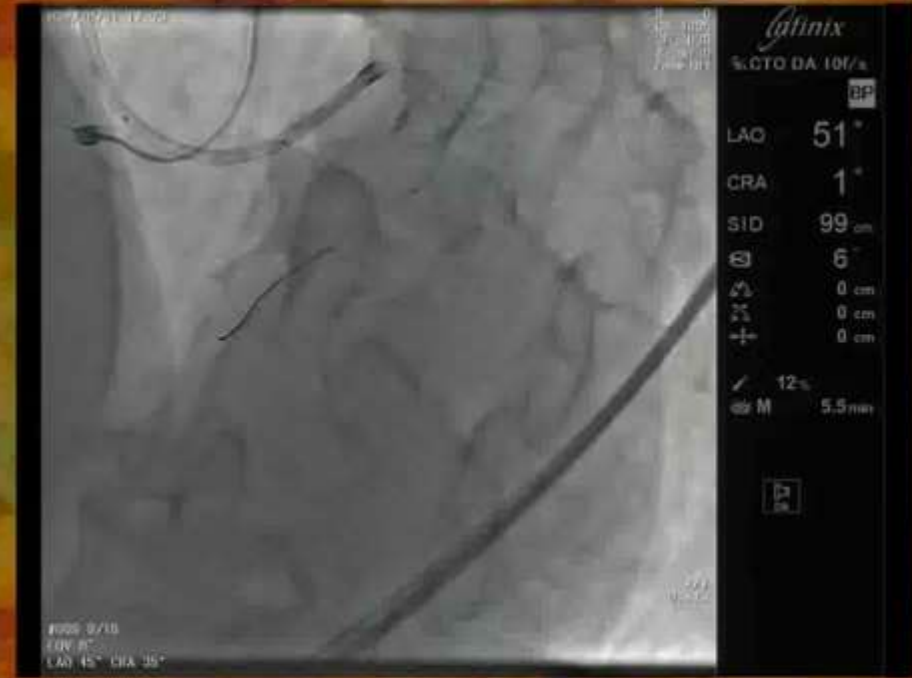


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Coronary Live Case 7



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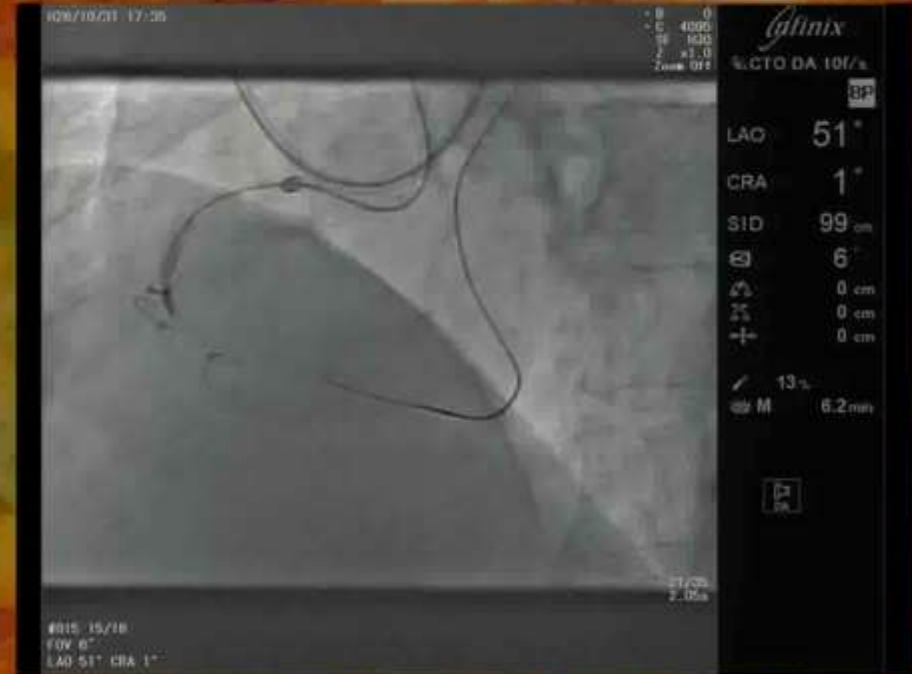
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Coronary Live Case 7



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Coronary Live Case 7



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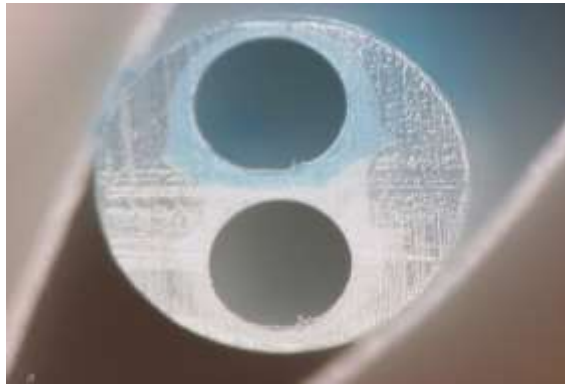
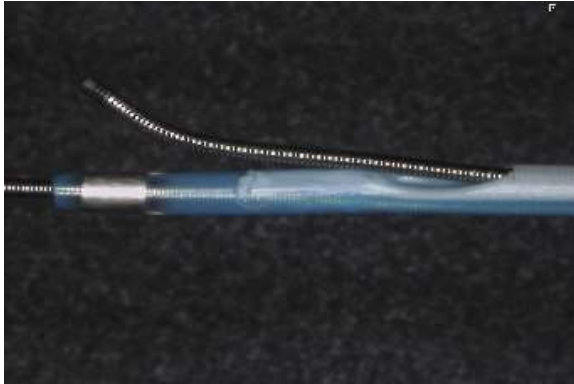
Audio Receiver Ch1: Japanese Ch2: English Ch3: Chinese

 CCT2014



Crusade

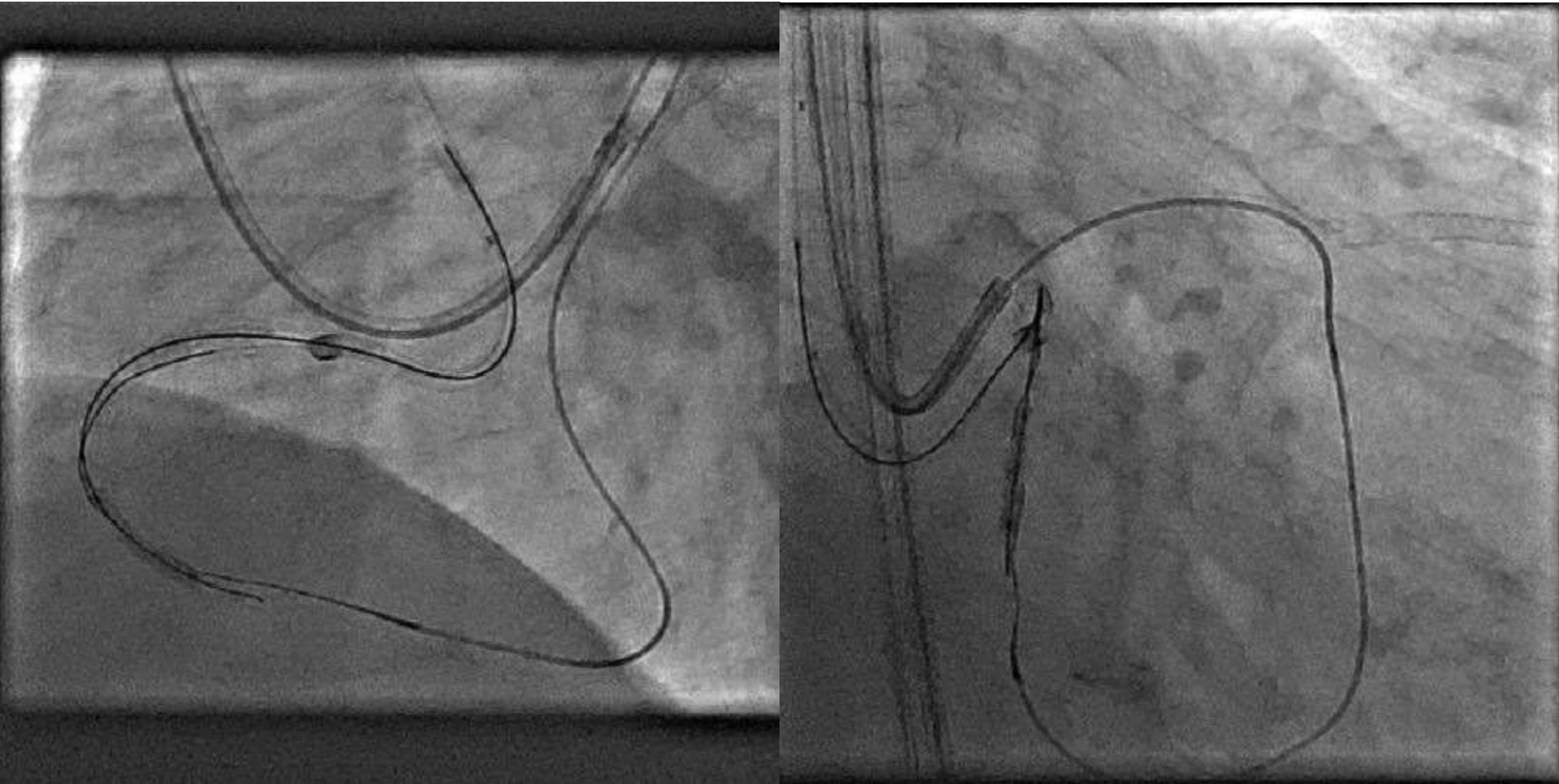
Multifunction Catheter having two Guide wire lumen (RX / OTW)



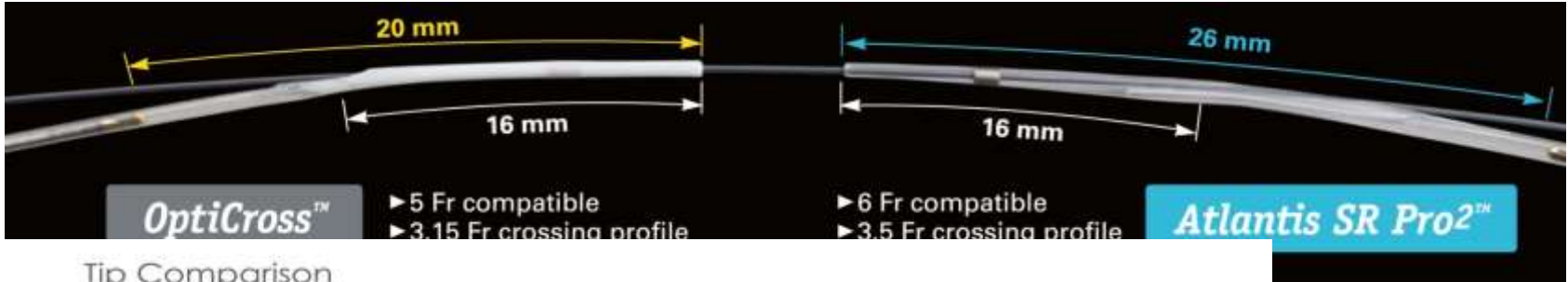
Originally manufactured for side branch access to help for GW manipulation in bifurcation stenting procedure



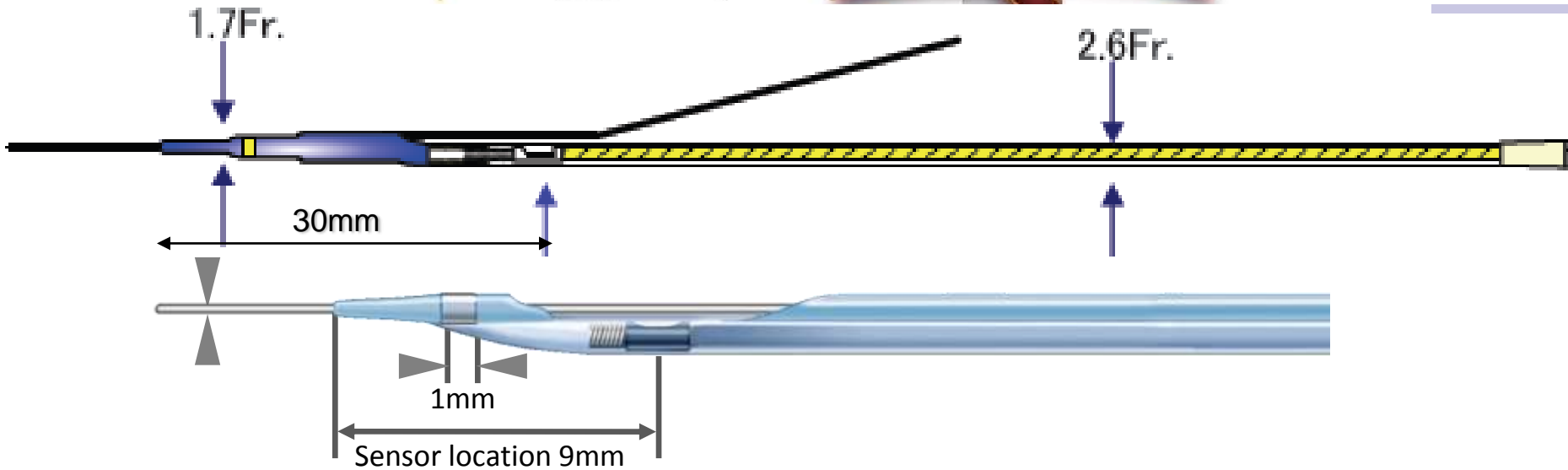
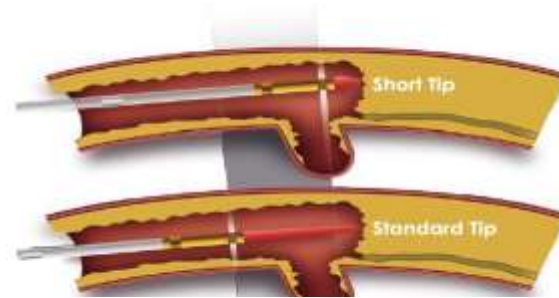
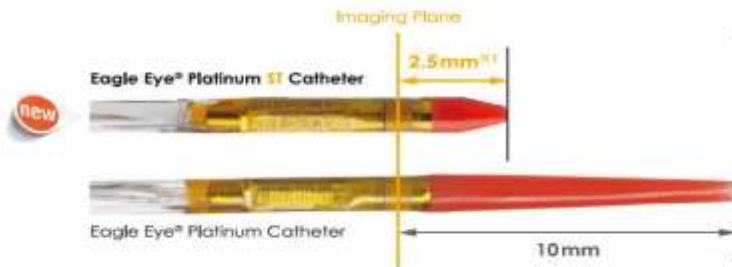
Reverse CART



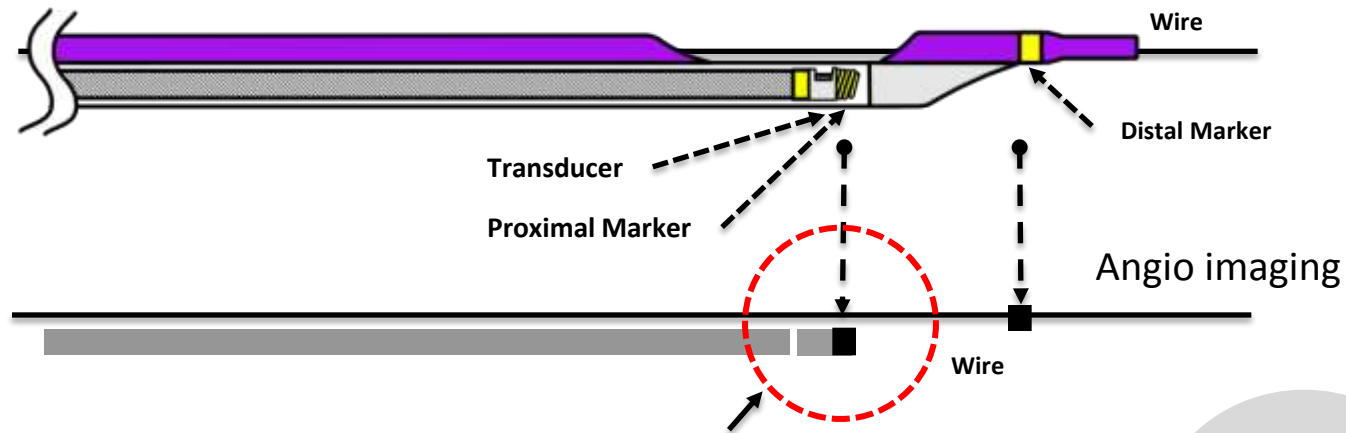
IVUS catheters



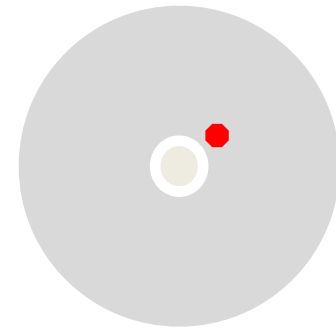
Tip Comparison



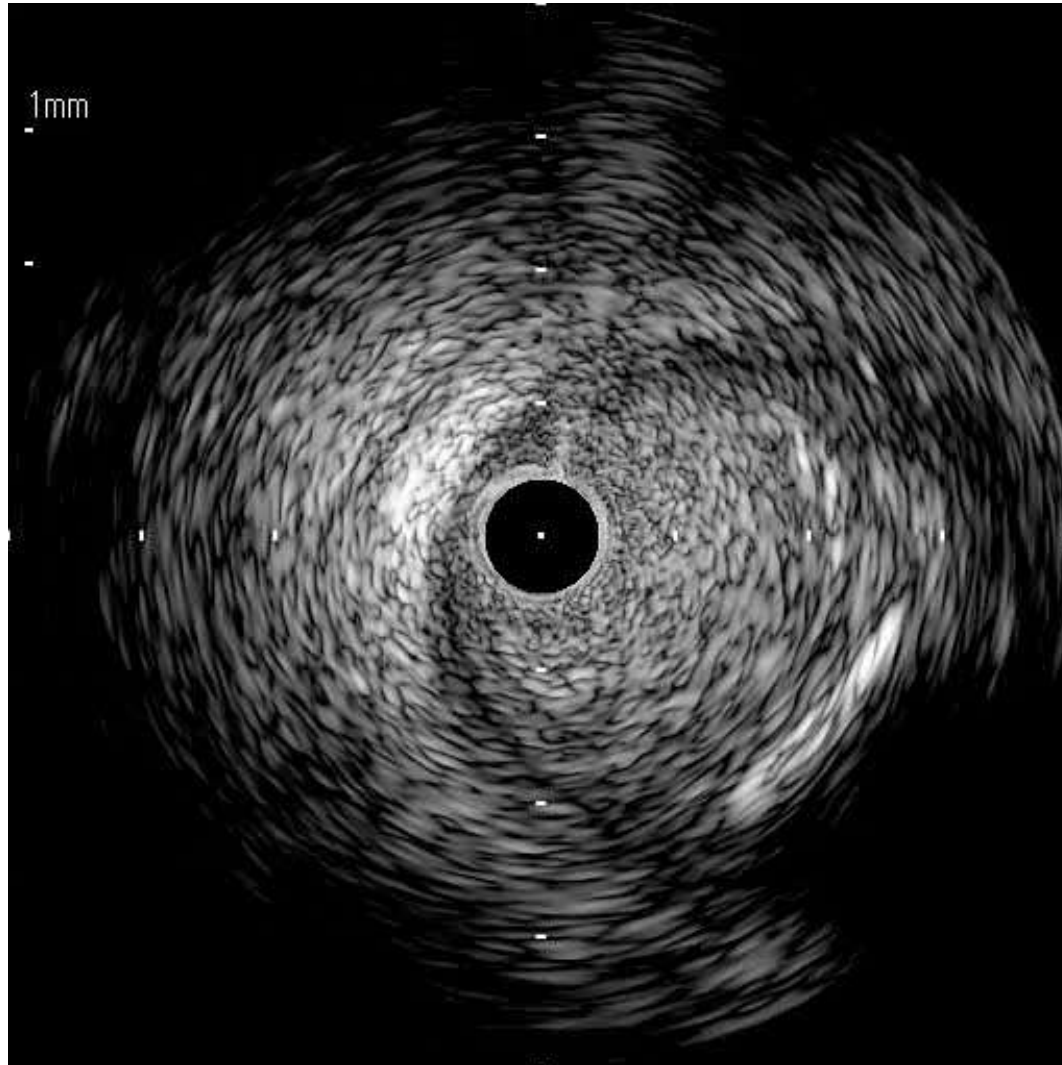
Navifocus WR IVUS catheter



Constant location between guide wire which was fixed at the transducer site within the 2nd monorail lumen

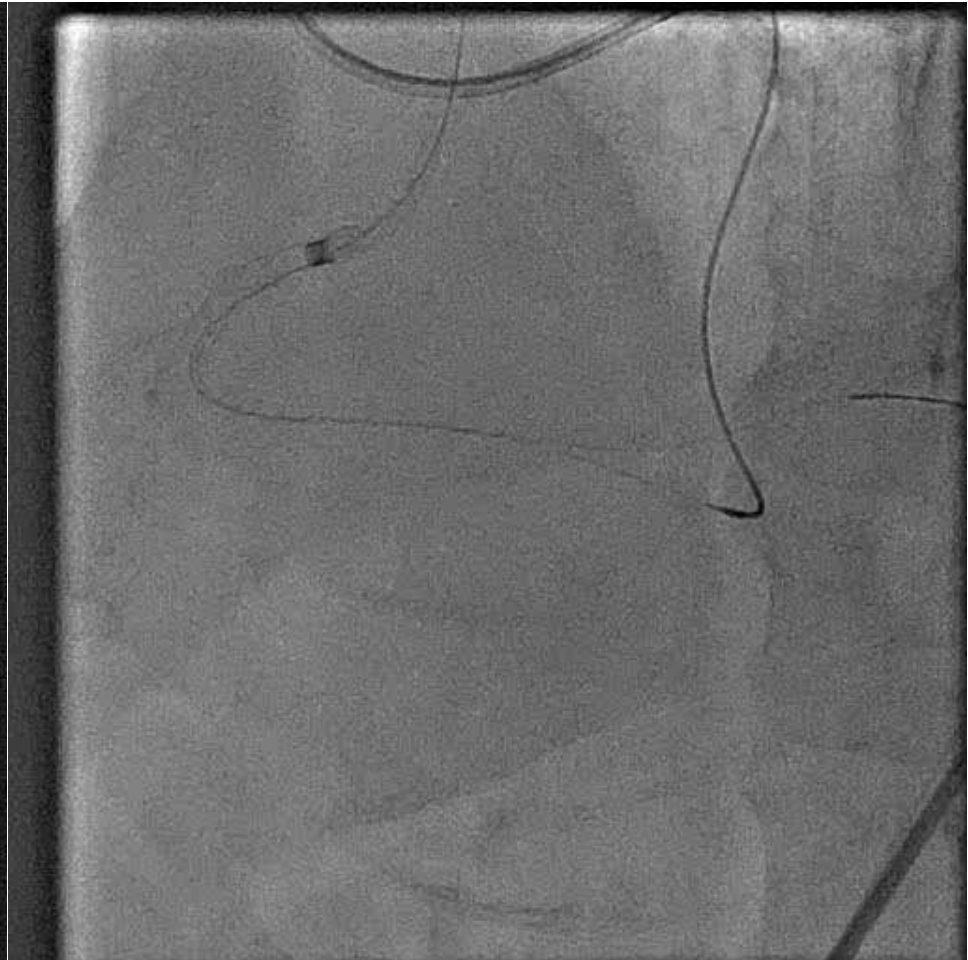
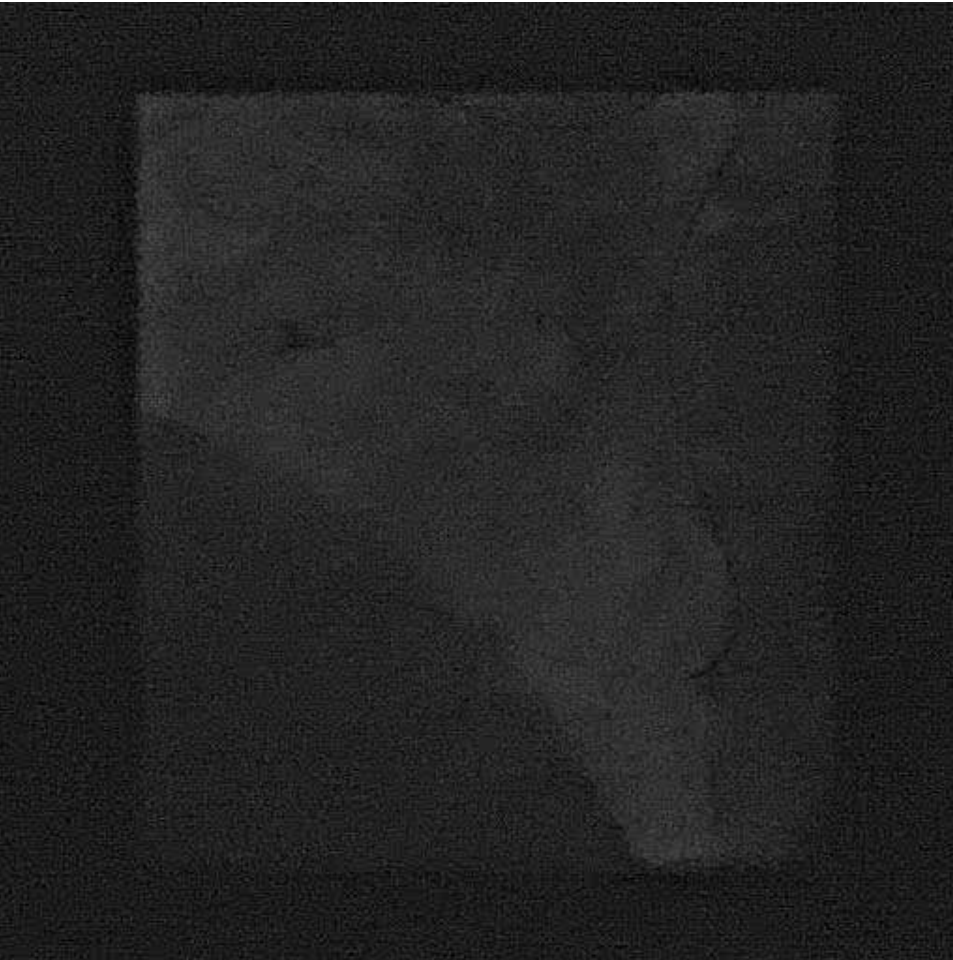


IVUS image

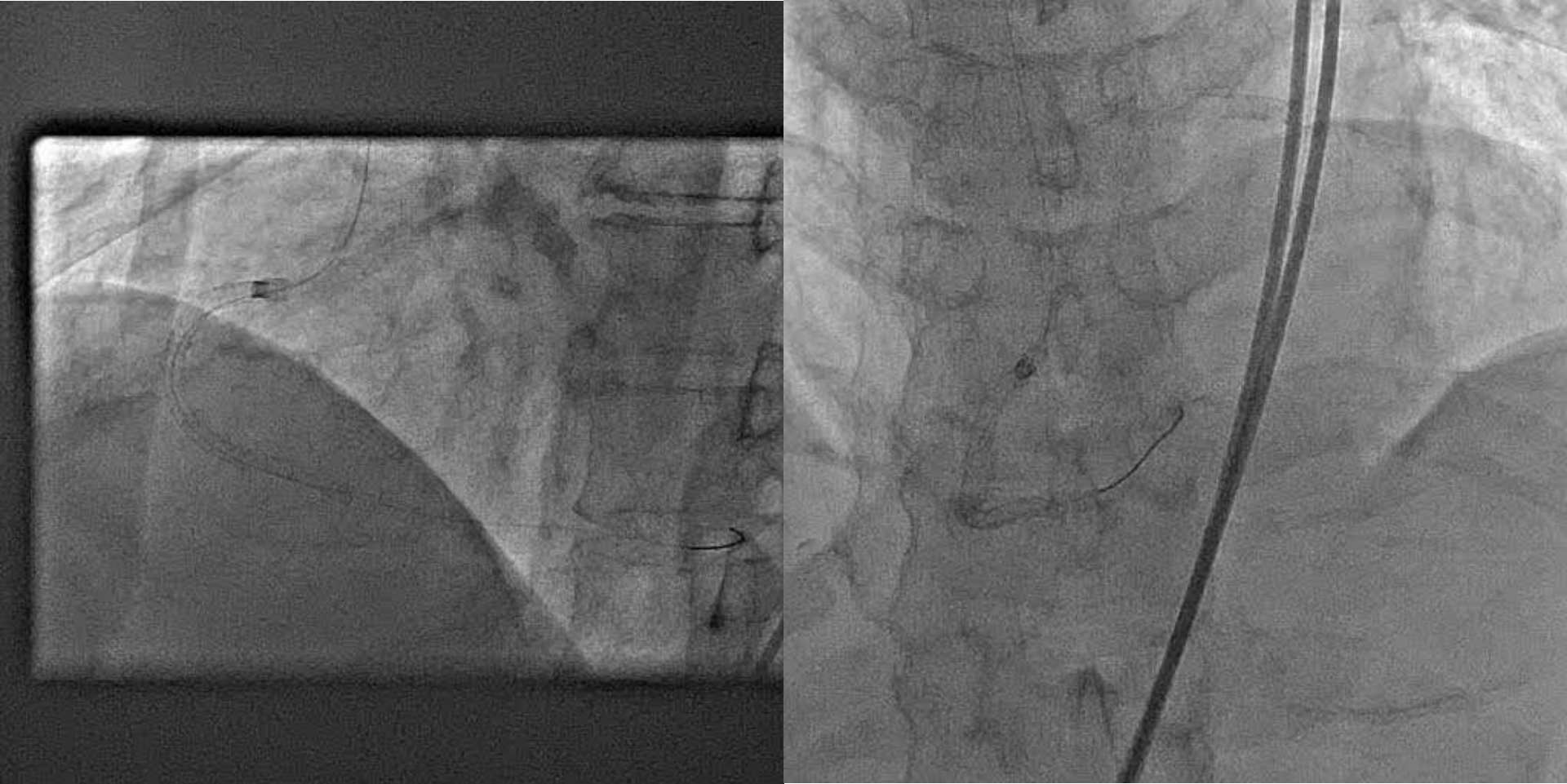




Externalization



Final angiograms





Message

First attempt made a large dissection and oozing rupture.

Second attempt was successful via reverse CART technique using support devices, such as Guidezilla, Crusade and Navifocus WR IVUS catheter.